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SUBJECT: AFGHANISTAN/COUNTERNARCOTICS: DRUG DEMAND REDUCTION (DDR)  
- UNODC WANTS BACK IN THE GAME

1. (SBU) SUMMARY: On 16 July, the head of the Health and Human Development Section of UN Office on Drugs and Crime (UNODC) Gilberto Gerra and Afghanistan Country Directory Jean Luc Lemahieu called on Coordinating Director for Development and Economic Affairs (CDDEA), Ambassador Wayne to discuss the current Drug Demand Reduction (DDR)/HIV situation in Afghanistan and to push for more resources directed towards community based, mobile treatment teams under UNODC auspices. They expressed concern over what they thought was an uncoordinated and ineffective effort at clinic-based treatment and the separation of current DDR and HIV programs. With funding, UNODC could initiate programs reaching the street-level addict with both DDR and HIV prevention to break the connection between intravenous drug use and HIV transmission. In many ways, the new UNODC proposals appear similar to previously existing Afghan DDR programs that UNODC discontinued two years ago. It is clear that UNODC will look to the USG, and INL in particular, for funding for these new projects. END SUMMARY.

2. (SBU) CDDEA Wayne hosted visiting UNODC head of Health and Human Development Gerra and Country Director Lemahieu in his office on 16 July. Gerra is in Afghanistan to access the current DDR/HIV programs in place and formulate UNODC's proposals to reenter the sector after pulling out in 2007 due to lack of funding. They laid out what they see as the main deficiencies in the sector-a reliance on residential, clinic-based treatment, lack of coordination between GIROA ministries, and few programs targeting the linkage between drug addiction and HIV. Lemahieu and Gerra proposed training small, community based teams that could reach addicts at "street level". They maintained that with a few months of training, these teams could operate by providing in-home, outpatient care to a larger number of addicts than could clinic based treatment and at a lower cost. The key to this treatment would be the use of methadone, which they claimed has just recently become widely available in Afghanistan. (Note: Methadone has long been legal in Afghanistan but only recently did Ministry of Public Health give permission to import it in limited quantities.) Although they initially called clinic-based training ineffective, they were quick to note the good work done by Colombo Plan, an International Organization funded by INL that runs 16 DDR clinics in Afghanistan. Gerra and Lemahieu commented that the current Colombo Plan operations should continue to cater to the worst cases but any new funding should be directed towards their proposal.

3. (SBU) Lemahieu stressed that need for better coordination in general and between GIROA ministries in particular. Ministry of Public Health (MoPH), Ministry of Counternarcotics (MCN), Ministry of Justice (MoJ) and Ministry of Interior (MoI) all have roles to

play but not the will or means to pursue effective programs in coordination with one another. For example, MoJ is in charge of prisons, which have an endemic addiction problem, but no money for treatment or medicine. They asked for the U.S. Embassy's backing in putting pressure on GIROA to increase coordination and develop a unified model of intervention and treatment. Lemahieu and Gerra pointed to recent events at the Russian Cultural Center - a notorious opium den that was cleared out by MoI forces, who moved the drug addicts removed to an abandoned factory hastily converted to a makeshift treatment facility by MoPH - as an example of what increased coordination could accomplish. They thought that programs to continue treatment for the Russian Cultural Center addicts plus programs to address drug abuse in jails could be started for \$500K. Ambassador Wayne remained noncommittal on funding but sympathetic to the dire need.

¶4. (SBU) Their last point of emphasis was the need to better integrate HIV/AIDS programs with DDR. As they pointed out, a recent report showed that 8-9% of drug users were HIV positive, and with intravenous drug use being one of the key vectors for HIV, the need to address the drug side of the equation was imperative. They noted that it was not a question of money as HIV/AIDS programs were well funded through the World Bank and Global Fund, but more an unwillingness on the part of the major donors to link the problems together.

¶5. (SBU) COMMENT: The UNODC proposals, while short on specifics, indicate a clear desire by UNODC to reestablish a role in supporting DDR programs in Afghanistan, after effectively walking away from this area two years ago. The idea of mobile, community based treatment teams appear to be similar to the former UNODC programs,

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which were later taken over by INL and converted to clinic based treatment with in-home programs. INL currently funds approximately 60% of UNODC's worldwide budget, and it is not surprising that UNODC continues to look to the USG and INL in particular to fund the new proposals as well. INL will continue to look for ways to work with UNODC, but as with most health related topics, the devil will be in the details.

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